

## the runaway-house: human support instead of inhuman psychiatric treatment

Uta Wehde

The mental health systems of Germany, Switzerland and Austria do not provide a real "user" oriented alternative to common psychiatry. Community psychiatry transfers and continues traditional psychiatry with its inhuman chemical practices, which destroy the lives of many inmates. Besides electro and insulin shocks, treatment with psychiatric drugs is an attack against physical and psychical health and well-being. Since 1987, the Verein zum Schutz vor psychiatrischer Gewalt e.V. in Berlin has been fighting for the establishment of a real alternative, the so-called Weglaufhaus (runaway-house). This house will provide for its future residents, who just ran away from the inhuman treatment inside psychiatric "hospitals", a shelter in which to relax and find human support. An important doctrine of the planned runaway-house in Berlin is to help its residents to live without any psychiatric drugs. In the Verein zum Schutz vor psychiatrischer Gewalt e.V. work people like myself who are non-afflicted by psychiatry, and survivors; half of the members were afflicted by psychiatry and psychiatric treatments. The initial idea of the runaway-house originated in the Netherlands, where I carried out field research in the runaway-house in Utrecht. The main question was whether the Dutch runaway-house represents a real alternative to psychiatry. I founded my work on the needs and demands of survivors from the USA and Germany, articulated and published in different books and journals (for example, Judi Chamberlin's *On our own*, *Madness Network News*, *Dendron News*, *Die Irren-Offensive*) and then compiled criteria of real alternatives.

### the damage of pharmacological treatment

Peter Lehmann, a member of the Verein zum Schutz vor psychiatrischer Gewalt e.V., and well-known fighter against psychiatry, describes in his trailblazing book *Der chemische Knebel* the dangers and damages of neuroleptic treatment. In a new article he has summarised these effects:

90 per cent of all people treated with neuroleptics are suffering from atrophy states, a destruction of nerve cells in the brain;  
90 per cent suffer from disturbances of motion, most of the time irreversible;  
30 per cent have fever attacks and 100 per cent show pathological alterations

Uta Wehde writes and works in Berlin, Germany

of the electrocardiogram;  
50 per cent display inflammation of the gums;  
80 per cent have liver complaints;  
40 per cent have diabetes;  
43 per cent experience fatness, sterility, absence of menstruation, impotence, pigmentation of all parts of the eyes, and significant fractures of the chromosomes, which could result in mutations.  
Psychical effects are blunting, apathy, loss of will, dizziness and delirium.  
(Lehmann, 1988, p.85).

Tina Stöckle, a worker in the Berlin Irren-Offensive (self-help group of survivors) speaks about one effect of "medication" as the "emotional amor", because neuroleptics and other psychiatric drugs lock up your feelings (Stöckle, 1983). The Swiss doctor and therapist Marc Rufer found that people diagnosed schizophrenic frequently commit suicide influenced by neuroleptics (Rufer, 1988). Very often psychiatric inmates are treated with psychiatric drugs against their will, and the fight against the fundamental betrayal of human rights by psychiatrists is one of our most important duties.

It is thus necessary to establish and offer alternatives to psychiatry. "User"-controlled organizations and other institutions initiated by professionals make clear that human support is possible, and the best way of helping people with their problems or in life crises. The Jungian John Weir Perry said of his experiences in the Agnew Project, a residence for "acute psychotic" people:

*We gave no medication. Our expectations were high, but we were astonished by the results. The most remarkable feature was the rapidity with which these persons made their come-back from the psychotic state: most "came down" into a coherent, rational state of mind within one to five days, and the longest anyone took was nine days. (Perry, 1980, p.194).*

Two other examples are the Soteria-Project/California and the Swedish Sätre-Project. In Switzerland a Soteria-Bern was built up which does not represent an alternative, as psychiatrists are in control and their work is based on the medical model of mental illness (Wehde, 1991).

### characteristics of true alternatives

Which criteria have to be fulfilled to create a true alternative to common psychiatric "hospitals"?

#### 1. the values

These values have to be the foundation of practical work. The medical model of mental illness, psychiatric diagnosis, and any form of labelling has to be rejected. People are not seen as "mental patients" but as human beings. The medical model (of madness) is taught in all psychiatric and psychological institutes of the universities and so it is logical that psychiatrists cannot meet persons with emotional problems, they can only



confront them with their psychiatric diagnosis and treatment, as the German social-scientist Kerstin Kempker (1991) has pointed out.

In the preface to my book, *Das Weglaufhaus*, Jeffrey Masson makes clear: "We all know as much as anybody else about love, sadness and pain and sorrow. These are not medical entities, and the attempt to turn other people's suffering into a business (Psychiatry) is morally reprehensible" (Wehde, 1991, p.7).

Any use of electro and other shocks and psychiatric drugs has to be refused. Instead there must be human support.

There must be no co-operation with psychiatric "hospitals" or similar institutions, and no integration with the psychiatric network.

## 2. the structure of decision-making

Who has the power, who makes the decisions? These are important questions for every institution wanting to offer an alternative. For self-help groups Judi Chamberlin demands: "Overall direction of the service, including responsibility for financial and policy decisions, is in the hands of service recipients" (Chamberlin, 1979, p.150). Though real human support can be offered by non-afflicted persons too, it is necessary to protect the rights of people who are afflicted by psychiatry.

## 3. characteristics and qualifications of workers

What are the characteristics of human beings, which are experienced as helpful? Which qualifications are important for being able to support people in difficult situations? Survivors tell us that one of the most important qualities is a critical position to psychiatry and the readiness to fight against it. Jeffrey Masson describes this feature as very important: "A *Weglaufhaus* should be staffed by people who are committed in their hearts and in their heads to ending psychiatry" (Wehde, 1991, p.6).

Other qualities are, for example, tolerance, experience of life, and understanding. Tina Stöckle writes:

*More important than any kind of professionalism is human warmth and contact, which helps the person coming back to themselves. What we need are people who take you seriously, who are able to listen, to be warm, patient and tolerant, but also people who are not afraid of being confronted with lunacy, the "madness", and do not think only in a negative way of "un-normal" behaviour (Stöckle, 1983, p.146).*

## the runaway-house in Utrecht

The runaway-houses in the big cities of the Netherlands were set up at the end of the 1970s and the beginning of the 1980s. Marij Bosdriesz worked in the first runaway-house in Harlem and wrote about the central characteristics of runaway-houses and differences to psychiatric "hospitals" at that time:

*The runaway-house is in a normal house, situated in a normal neighbourhood, where barriers can be pulled down. The "dangerous mad man and woman"*

*are not isolated between forests and sandhills. The house is clear, cosy and comfortable, in contrast to large, impenetrable psychiatric institutions. Freedom is the "medicine". There is no "medication" or treatment with psychiatric drugs as "therapy", but instead withdrawal. In a runaway-house, self-responsibility and self-determination exist instead of forced treatment and coercion practices (Bosdriesz, 1985, p.105).*

In February 1981 some people started to collaborate to establish a runaway-house in Utrecht. Some members of the group were afflicted, but most of them were non-afflicted. At the beginning they discussed whether the runaway-house should work exclusively with paid or unpaid workers. They saw several disadvantages in being paid: dependencies on the investor, the fear that the investor would make unacceptable conditions and that paid jobs would destroy the planned non-hierarchical, flexible structure. They therefore finally decided on unpaid workers. The government of the province of Utrecht provided the rent for the house. In January 1982 the runaway-house in Utrecht opened, providing space for six people. People wanting to stay had to satisfy three conditions of admission: (a) they must have run away from psychiatry within the past three or four weeks; (b) there must be no dependence on alcohol or other drugs; (c) the person must be of age. The runaway-house in Utrecht picked up people too who were committed by law. The workers made an agreement with the chief public prosecutor and the chief commissioner of police that the police would not search for these people. The runaway-house had the status of an asylum, comparable with that of churches.

The rules of the runaway-house were: (a) no violence, especially sexual violence; (b) no excessive use of alcohol or other drugs; (c) no noise at night, which might disturb the other residents and neighbours. Offending against these rules could mean exclusion. The time of residence was limited to approximately half a year. After this time the former residents should have been able to live in their own flats, because of their growth in self-confidence and independence. Besides this, the staff aimed at fighting against psychiatry in political actions together with the residents.

At the beginning the atmosphere in the house was social, lively and chaotic. The unpaid workers were present night and day because there was no telephone. The staff consisted of 15 powerful and very engaged workers. Several months later the telephone was connected and the workers decided to reduce their presence: there were then two workers in the house Monday to Friday, 1.00 p.m. to 5.00 p.m. and the rest of the time there was a telephone-readiness service.

When I visited the runaway-house in 1989, many things had changed. In contrast to the first years, fundamental problems had arisen. Before detailing these, I want to describe generally what the runaway-houses offer and the characteristics of support. After the admission of new residents, the first thing that happens is the guarantee of existential assumptions. If people run away from psychiatry they generally have nothing, neither clothes to change into nor money and the runaway-house protects and fulfils first of all the financial and spatial needs of the new residents. They



get a room, furniture, clothes and the keys. As long as the residents get no money from social welfare the runaway-house pays the rent and also residents receive 10 Gulden per day. In contrast to other institutions in the mental health system there are no concrete "programmes" offered. More than this, the residents could dispose of their new freedom and the workers would not interfere and intervene. As well as the staff, the residents described the runaway-house as a place of freedom. The word freedom is the demarcation from psychiatry. Freedom means the absence of typical forms of coercion and control in psychiatric "hospitals", with the residents able to come and go as they like. They make their decisions what to do or not to do, dispose of their days and nights, because there is no "day-programme" that they are forced to participate in. The residents are not constrained to do things together, like going shopping, cleaning up or "therapeutic group meetings". They are free to choose their relations in a normal way and if people like each other they spend their time together.

Practical support is the main thing offered by the staff, e.g., they help by solving legal problems, social problems, how to get money, a room or work, and accompany the residents to offices and so on. The characteristic feature of support is that the workers delegate the responsibility for the practical side of life step-by-step to the residents.

### *the values in the Dutch runaway-house*

The staff concentrate the support on practical and not emotional problems. Helping with emotional problems is connected with therapeutic work, which the workers refuse as a basis of a runaway-house. Practical support is the best way to avoid dependence and to advance independence. Nevertheless the workers try to understand themselves as non-professionals. Professionalism is not necessary for helping other people. It is important to understand that not everybody likes each other and sympathy is a fundamental assumption that real help could take place. If a resident developed confidence and sympathy with a worker and this was two-way, this worker will be the special contact (person). The medical model of mental illness and psychiatric terminology are refused. "Madness", problems of life, are caused by our society and not by a "mental illness". In this respect the values of the staff correspond with the criteria of true alternatives.

### *psychiatric drugs*

One central criterion of real alternatives is the refusal of any use of psychiatric "medication" and the offer of human support without treatment with neuroleptics, anti-depressants and so on. This aspect is not fulfilled in the Dutch runaway-house, which calls itself an antipsychiatric institution.

In the early days of runaway-houses in the Netherlands a main doctrine included the refusal of psychiatric drugs; this had changed by 1989. By then the staff were advising the residents only not to stop quickly; they delegated

the issue to the house doctor who had no knowledge about this special problem. On my question, "How are you dealing with psychiatric drugs?", every member of the staff told me: "I have nothing to do with this. The doctor is regulating it". The workers had no grasp of the risks, effects, and ravages of psychotropic drugs. This fundamental lack of knowledge is alarming, inexcusable and irresponsible for an alternative to psychiatry. The ignorance of the workers is not all; most of them regard "medications" as "good" and "necessary", especially if a resident gets nervous, restless and disturbing—then the workers phone the doctor and he comes with the injection. If that does not work the staff call the police and the resident is brought back to psychiatry. There is no difference between this and the use of "medical treatment" in psychiatric "hospitals"; an intolerable alternative. This is an indication of an existential contradiction of the whole concept in Utrecht. On the one side the residents should be more and more independent and on the other side the staff "orders medical treatment". Time after time survivors of psychiatry and critical social scientists point out that an independent life and the use of neuroleptics, anti-depressants and so on are incompatible. Withdrawing from the drugs is the prerequisite of coming to lead an independent life.

### *institutional problems*

Besides the lack of critical consciousness of the staff, institutional problems prevent an effective support without "medications" too. Until 1986 the runaway-house had run for five years with unpaid people and many people had been interested to collaborate and work in the runaway-house. Then the willingness to work without any payment decreased, and the deficiency of workers is one of the main problems in Utrecht. By 1989 the team consisted of six members who worked in the runaway-house in addition to studying and raising families. The consequence was that they had hardly any time for political action, could not spend enough time in the runaway-house and could not stay there in the evening or, when necessary, at night. The offered support, in the words of workers, was insufficient, ineffective and not flexible. The workers had no time to listen, to understand and to come into real contact with the residents and their individual histories and problems. Fifty per cent of residents went voluntarily back to psychiatry, because the runaway-house did not offer what they needed and looked for. Other residents were so dissatisfied that they just left one day. Being confronted with the inefficiencies of their work, the deficiency of workers and the financial problems, most of the workers were frustrated and burnt-out. The only way to change these problems would be to force through paid jobs, but that is a long and difficult way. The problems in the Dutch runaway-house make it possible to complete the basic requirements of real alternatives. For establishing an antipsychiatric runaway-house it is necessary to make sure of:

1. The financial assurance of the project and payment of workers.
2. Workers who have, besides their human qualities and a clear negative



position against psychiatry, a knowledge of the risks, effects and damages of psychiatric drugs and a grasp of the very important withdrawal problems (that can look like a "relapse").

3. A sufficient number of qualified workers to secure adequate practical and emotional support and to work with the residents, who want to, against psychiatry.

4. Guarantees that people who get crazy could be accompanied without any "medical" treatment.

### ***the runaway-house in Berlin***

The Verein zum Schutz vor psychiatrischer Gewalt e.V. tries to establish these prerequisites. In contrast to the runaway-house in Utrecht, the first aim will be to help its future residents to live without psychiatric drugs. To avoid the problems of Utrecht the Berlin project provides the presence of two workers day and night to offer practical and emotional (not therapeutic!) support. The conditions for building up the Berlin runaway-house were very good because the former government (a coalition between the social democrats and Alternatives) decided to finance the runaway-house and an anonymous citizen of Berlin gave us one million DM to buy a house.

A wonderful villa was bought and could be used as a runaway-house in a short time. But, the former coalition has broken up and the political situation has changed. The 1991 Berlin senate, conservatives and social democrats, would not finance the runaway-house and the Verein zum Schutz vor psychiatrischer Gewalt has to rely on donations.

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